

# Chiropractic Facility Instructions

Please review and complete the steps noted below prior to starting and submitting your Chiropractic Facility Licensure Application. Questions regarding the application process should be directed to [chiropractorsboard@state.ma.us](mailto:chiropractorsboard@state.ma.us) or call 617-727-9940.


Please note that if you do not wish to submit your application online, you may download hard copies of the application from the Board's [Applications and Forms](#) page on its website.


## 1. *Review the Board's Regulations*

Prior to completing your application, please review the Board's regulations, set forth at 233 Code of Massachusetts Regulations (CMR). You may purchase an official copy of 233 CMR in person at the State Bookstore located at the Massachusetts State House, Room 116, Boston, MA 02133, or you may order a copy [online](#) through the Secretary of State's office. The Board also maintains an unofficial, courtesy copy of the regulations accessible through the [Statutes and Regulations](#) section of its website.

## 2. *Requirements to Apply for a Chiropractic Facility License*

- i. *Identify a Chiropractor of Record (CHOR):*
- ii. All applicants must identify a Chiropractor of Record (CHOR) for the Chiropractic Facility. This individual will be responsible for the Chiropractic Facility's compliance with the laws of the Commonwealth and the rules and regulations of the Board.

The CHOR must have a minimum of four (4) years of verifiable experience as a licensed chiropractor in Massachusetts or another jurisdiction, and hold a current, valid license in Massachusetts without disciplinary restrictions. If the person you have selected for this position does not meet these criteria, you may apply to the Board for a [waiver](#) .

The CHOR must be notified before completing the application. You will be required to upload a [notification form](#)  during the application process.

Each employee of the facility must also sign a Data Collection and Acknowledgement Form, available here [INSERT LINK].

- ii. *Changes to the Chiropractor of Record (CHOR):*
- iii. If you change the Chiropractor of Record, you must notify the Board within five (5) business days. Additionally, a **\$50.00** change fee, payable to the Commonwealth, must accompany the notification.

iii. *Solo Practitioners and Facility Licenses:*

- iv. Solo practitioners may apply for a Chiropractic Facility license but are not required to do so. If you are not sure whether your office qualifies as a solo practice, please read this [explanatory document](#) and the [frequently asked questions](#).

iv. *One License, One Location Rule:*

A Chiropractic Facility license is for one, specific location. If a practice operates in several locations, each location must have its own Chiropractic Facility license, unless the solo practice exception applies (see the prior section on “Solo Practitioners and Facility Licenses”). Please note that each facility needs a unique name.

If one entity (or one person) owns several facilities, you may want to add the location to the Chiropractic Facility name. For example, “Smith Chiropractic – Boston” and “Smith Chiropractic – Worcester.”

3. *Transfer of Ownership*

If you transfer the ownership interest of the facility, you must notify the Board within sixty (60) business days PRIOR to the sale or change in CONTROLLING interest. Additionally, upon transfer the entity or individual holding the controlling interest must return the existing license and apply for a new facility license.

4. *Moves or Change in Location of a Licensed Facility*

If you wish to move or change the location of your licensed facility, you must notify the Board within sixty (60) business days. Additionally, you must return the existing license and apply for a new facility license.

5. *Providing Accurate Information*

Please note that the Board is empowered to cross-check the information you provide. If you are unsure about something or require clarification, please contact the Board at [chiropractorsboard@state.ma.us](mailto:chiropractorsboard@state.ma.us) or call 617-727-9940. Please take the time to give accurate information or else your application may be delayed, and you may be asked to provide additional documentation or to meet with the Board in-person, to explain any discrepancies.

6. *Application Process*

The Board will review your application and verify the information you have included. Please allow 60 days before emailing to inquire about your status.

The Chiropractic Facility license will be sent to you by mail. It is a small wallet-sized card with the name of the Chiropractic Facility, the license number, the issue date and expiration date on its face. The Chiropractic regulations

require you to post this license, as well as the licenses of all employees, in a place that is obvious to patients and members of the public who enter your facility. You may post true copies of the licenses rather than the originals.

7. *Submission of Supporting Documentation and Required Forms*

The following documents may be uploaded during the online application process:

- Chiropractor of Record Acknowledgment Form.
- Chiropractor of Record Experience Waiver Request (if applicable).
- A Data Collection and Acknowledgement Form for each employee of the facility, including owners

8. *Application Fee*

All applicants are required to pay a non-refundable application fee of **\$300.00**. This fee can be paid online at the end of the application process, either by check or credit card. Please note that a convenience fee will be assessed for credit card payments.